



KANSAS BOARD OF COSMETOLOGY
714 SW Jackson, Suite 100 • Topeka, KS 66603
Telephone: (785) 296-3155 • Fax: (785) 296-3002
E-mail: Kbcoc@ks.gov • Website: www.kansas.gov/kbcoc

Tanning Establishment Renewal Form

FACILITY NAME: _____

LICENSE NUMBER: _____

ADDRESS: _____

*LICENSE EXPIRES: _____

*Licenses will not be renewed sooner than six (6) weeks in advance. Renewals submitted to the Board office sooner the six weeks prior to the expiration date of the license will be returned to the licensee and will not be retained by the Board office. You must notify the Board office if you have not received your license within 30 days of the date of your renewal or application submission. Failure to do so may result in a \$25 duplicate license fee.

NON-REFUNDABLE FEES

The above listed tanning establishment license will soon expire. To renew your license, complete this form and return it to the Board office.

- \$ 75 fee for renewal licensure application submitted on-line or with a postmark prior to or on the expiration date of license.
\$100 fee for delinquency licensure application submitted on-line or with a postmark within 60 days after the expiration date of license.
\$200 fee for reinstatement licensure application submitted with a postmark within 60 days past the expiration date and one year of the expiration date of the license.

FEE PAYMENT — FEES ARE NON-REFUNDABLE

Renewal applications submitted with a postmark on or before the expiration, require a \$75 fee. Those submitted with a postmark after the expiration date requires a \$100 delinquent renewal fee. Should you fail to submit a renewal before 60 days past your expiration date, you are required to pay a \$200 non-refundable reinstatement fee.

To pay by check or money order, attach the fee to the front of this completed application. Checks or money orders shall be made payable to the Kansas Board of Cosmetology. Credit card payment may be made by completing the below credit card information.

Payment Type: American Express Discover MasterCard Visa

Credit Card Number _____ Expiration Date (mo/yr) _____ \$ _____ Fee Amount _____

Card Holder's Printed Name _____ Daytime Phone (____) _____ Card Holder's Zip Code _____ Card Holder's Signature _____

ATTESTATION

By signing this form, I certify that I am the owner or authorized representative of this establishment, which is located at the address listed above, and request renewal of my tanning facility license and declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct.

Owner's printed name: _____ Owner's signature: _____ Date: _____

Co-Owner's printed name: _____ Co-Owner's signature: _____ Date: _____

E-mail address: _____

The Board is unable to accept incomplete applications. Failure to sign the attestation and/or submit the appropriate fee is an incomplete application. If a check or credit card payment is insufficient or denied, this is also viewed as an incomplete application. Either situation requires the renewal application be returned for your completion. Thereafter should you return the form with a postmark after your expiration date, a \$100 delinquent renewal fee is required.